

## **Section 4: Areas with Low Morbidity and Minimal Data**

For areas with a small number of cases, data may need to be aggregated to protect confidentiality. The epidemiologists providing data for the profile should determine when aggregating data is appropriate and which aggregates are most useful.

For areas with low morbidity, geographic analysis may be particularly difficult and, in some instances, inappropriate. For example, analysis at the county level may be inappropriate because of the small number of cases. EMAs often consist of a single county or multiple counties of which one (the “dominant” county) typically has most of the cases. The numbers of cases in the other counties are generally too small for comparison with those in the dominant county or for analysis of other variables within individual nondominant counties. Consequently, the suggested analyses by “geographic area” should generally pertain only to areas (e.g., EMAs) within states, not to counties or other smaller areas within EMAs. Apply the same rationale when examining rural and urban data.

If the epidemic has remained stable in your service area, explain the data and possible reasons for this stability in your epidemiologic profile and in presentations to your community planning group. If data are available from supplemental data sources or local studies that may help explain the epidemic in your service area, be sure to include those results in your epidemiologic profile.

For service areas in which data are not available, note this lack of data in the profile.